

RETIREEES NOT ENROLLED IN MEDICARE				
RETIREE ENROLLMENT STATUS	INDEMNITY PLANS		HEALTH MAINTENANCE PLANS	
	Premier	Premier	Kaiser	CIGNA
	Wellwise	Sharewell	Health	Private Practice
	Plan	Plan	Plan	Plan
RETIREE ONLY	\$701.34	\$214.98	\$263.70	\$316.48
RETIREE W/1 DEPENDENT	\$1,235.19	\$353.08	\$527.40	\$625.53
RETIREE W/2 OR MORE DEPENDENTS	\$1,733.79	\$455.95	\$746.27	\$870.36
RETIREEES ENROLLED IN MEDICARE				
RETIREE ENROLLMENT STATUS	Premier	Premier	Kaiser	CIGNA
	Wellwise	Sharewell	Health	Private Practice
	Plan	Plan	Plan	Plan
RETIREE ONLY Part B ONLY	\$501.44	\$158.96	\$232.99	\$246.86
RETIREE ONLY Part A & B	\$339.01	\$93.51	\$185.73	\$208.88
RETIREE W/1 DEPENDENT				
ONE W/ MEDICARE Part B ONLY	\$1,035.30	\$297.06	\$496.69	\$575.49
ONE W/ MEDICARE Part A & B	\$872.86	\$231.61	\$449.43	\$565.74
TWO W/ MEDICARE Part B ONLY	\$835.40	\$241.03	\$465.98	\$487.91
TWO W/ MEDICARE Part A & B	\$510.53	\$110.13	\$371.46	\$419.10
RETIREE W/2 OR MORE DEPENDENTS				
ONE W/MEDICARE Part B ONLY	\$1,533.90	\$399.93	\$715.56	\$818.16
ONE W/MEDICARE Part A & B	\$1,371.46	\$334.48	\$668.30	\$809.44
TWO W/ MEDICARE Part B ONLY	\$1,334.00	\$343.90	\$729.68	\$739.79
TWO W/ MEDICARE Part A & B	\$1,009.13	\$213.00	\$590.33	\$731.10
NOTE: Eligible Retirees and/or enrolled dependent age 65 or older must enroll in Medicare Part B. Eligible Retiree entitled to Medicare Part A without a premium must enroll in Medicare Part A. Evidence of Medicare coverage is required. For eligible retirees, the Retiree Medical Grant for 2005 is \$15.67 per month for each year of County Service to a maximum of 25 years. *Enrollment is through the Kaiser Senior Advantage Plan which requires enrollment in Medicare Parts A and B				